Based on the ECRR Intervention required components, how does the provider accomplish the following tasks? What specific questions and statements can the provider use?

Component A: Help the client (female or male) critically evaluate which contraceptive method is most acceptable and can be used most effectively by her/him. If the client plans no method, give preconception counseling.

In order to complete this component of the ECRR Intervention you need to:

• Focus on the client's choice of method.

What might you ASK?

What are your hopes and dreams for your future ... and how does having a child fit in with your plans?

What methods have you used in the past? How did it (they) work for you?

What methods are you interested in today?

What might you SAY?

There are many methods of birth control. Some of these are for men, but most are used by women. Many people use different methods of birth control at different times in their lives. Sometimes people want a birth control method to protect them from pregnancy AND sexually transmitted infections. It is important that the method you choose is the BEST method for you, at THIS TIME in your life.

• Assess and clarify knowledge, assumptions, misinformation and myths about your client's method.

What might you ASK?

What do you know about birth control?

What have you heard about birth control from your friends or family?

Is there anything that worries you about your birth control method?

What might you SAY to clarify your client's knowledge and assumptions?

Actually, each method of birth control can be very effective IF it is used EACH time a person has sex and the method is always used the CORRECT way.

What might you SAY to counter misinformation and myths?

Many people do believe that pills cause cancer. What we know is that taking pills can actually give some protection against some cancers; e.g. endometrial and uterine cancers.

• Describe method benefits, including non-contraceptive benefits.

What might you ASK?

What benefits have you heard about using the pill?

What benefits do you think of when we talk about using condoms?

What might you SAY to offer information about benefits?

Women who take birth control pills often say how they like the fact that their periods are lighter and their skin clears up.

A major benefit with using condoms is the DOUBLE protection you get with ONE method.

Address method side effects and health risks.

What might you ASK?

What have you heard about side effects or health risks?

What will you do if you experience side effects on your method?

What might you SAY to clarify your client's knowledge and assumptions?

Yes, you are right about the Depo Provera shot. Some women complain that spotting and bleeding are a problem. But after women are on the shot for a while, this really improves. How might you cope with a few months of irregular bleeding?

It is very important for you to talk to your health care provider about your general health and family history. Your provider will be able to tell you more about your specific health risks with specific methods. [Important to clarify if you are not a clinician/health care provider.]

What might you SAY to counter misinformation and myths?

Many people worry about using an IUD. But we have learned about how to help a woman assess her health risks and for many women the IUD can be very safe.

Actually withdrawal is a form of birth control and has been used for generations around the world. For some couples it can be very effective.

• Give preconception counseling.

What might you ASK?

It sounds like you don't need a method of birth control today. At what age might you want to plan a pregnancy? What would be the right circumstances for you to have a child?

I'm wondering if you met someone in the next few weeks and had sex, what would it be like for you to get pregnant at this time in your life?

What are you doing for your health right now that would prepare you for a healthy pregnancy?

What might you SAY?

You may want to think about what pregnancy options you might consider if you got pregnant unexpectedly. You may also want to think about your general health right now; e.g. your nutrition, exercise, smoking, drinking habits and drug use.

Please feel free to come to see us anytime about planning a pregnancy or birth control methods.

• How do you evaluate whether your client materials are culturally sensitive, clear, relevant, and easy to understand?

Reading levels?

Content, photos and drawings are culturally sensitive?

Content is concise and unbiased toward all methods?

Content, photo and drawings are sensitive to gender and sexual orientation?

Printed material given to your client is based on your client's choice TODAY!

Based on the ECRR Intervention required components, how does the provider accomplish the following tasks? What specific questions and statements can the provider use?

Component B: Assess and address other client personal considerations, risk factors and behaviors that impact her/his use of contraception.

In order to complete this component of the ECRR Intervention you need to:

• Assess and discuss <u>partner issues</u>, e.g., attitudes about contraception and birth control methods and how much the partner will be involved.

What might you ASK?

What things in your life would you want to consider as you choose a method? What involvement will your sexual partner have in using your method of birth control?

What might you SAY?

The more that sexual partners can talk about the birth control method they are using, the more likely they will use it. This is especially true with methods used at the time of sex; e.g. male condoms or spermicides. But this is also true with other methods. There are ways that both partners can be involved with each method of birth control – if only by being aware and supportive.

• Assess and address <u>current exploitation or abuse.</u>

What might you ASK?

Does your partner know you are here for birth control today? What methods of birth control would your partner want you to use?

What might you SAY?

It sounds like you don't want your partner to know you are using birth control. Which methods would be the easiest for you to keep private? You may want to consider one of the injection methods.

What do you need to know about effective community referrals?

Do you have working relationships with the following local community resource?

Domestic violence, sexual assault, counseling and interpreter services. Any others? [Agency name, telephone number, addresses and a contact person's name. Invite this person to a staff meeting.]

Assess and address <u>history of abuse</u>.

What might you ASK?

Have you had any sexual experiences that you did not want or were forced upon you?

Are there times now when you choose to have sex but birth control is difficult to use – for instance using condoms or spermicides?

What might you SAY?

We do know that when someone has had unwanted or forced sex in the past, <u>it might</u> be more difficult for them to use certain methods of birth control all the time. How does your method work for you <u>each time you have sex?</u>[Mostly for barrier methods used at the time of sex.]

What do you need to know about effective community referrals?

Do you have working relationships with the following local community resource?

Domestic violence, sexual assault, counseling and interpreter services. Any others? [Agency name, telephone number, addresses and a contact person's name. Invite this person to a staff meeting.]

• Assess and address current substance use and abuse.

What might you ASK?

How much alcohol to you usually drink every week? Each day? What drugs or medications do you use? How often?

What might you SAY?

We do know that when someone is under the influence of alcohol, drugs or some medications it might be more difficult for them to use certain methods of birth control.

How might your method work for you <u>each time you have sex?</u> How about when you are under the influence of drugs or alcohol?

What do you need to know about effective community referrals?

Do you have working relationships with local drug and alcohol counseling community resources? What are the agencies?

[Agency name, telephone number, address and contact person's name. Invite this person to a staff meeting.]

• Assess and address living situation.

What might you ASK?

How is your situation at home? [Especially teens]

Where are you living today? [Client may be homeless and without resources]

How will your living situation impact your use of this birth control method? With Depo, women may have spotting or irregular bleeding. How will you cope with this if it happens to you?

If you don't have money to buy birth control, where will you go for supplies?

What might you SAY?

Where a person lives or has sex will have a major impact on a person's use of birth control.

Where will you keep your birth control supplies? If you don't have birth control supplies, you can always come here and we can help. Health departments and Planned Parenthood clinics around the country have birth control available at no charge.

What do you need to know about effective community referrals?

Do you have working relationships with local shelters or emergency community resources? Identify 2 or 3 key agencies? [Agency name, telephone number, address and contact person's name. Invite this person to a staff meeting.]

Assess and address need for confidentiality.

What might you ASK?

Who knows that you are here today for birth control?

How important is it that your use of birth control stays private?

What might you SAY?

Explain your agency's confidentiality policy. Discuss how a client can keep her birth control use private.

Based on the ECRR Intervention required components, how does the provider accomplish the following tasks? What specific questions and statements can the provider use?

Component C: Facilitate discussion of male clients' role in supporting partners' successful use of chosen contraceptive method, as appropriate.

In order to complete this component of the ECRR Intervention you need to:

• Reinforce male <u>ownership</u> of role in preventing unintended pregnancy.

What might you ASK?

What might your partner say if you [if she] got pregnant right now? [Ask either female or male client.]

Who is the person most responsible for birth control? [In general or in your relationship]

Do you know any single parents? How has it been for her? What impact has it had on the father?

### What might you SAY?

Sometimes men think that if a woman is taking pills, he doesn't have to use birth control.

As a man, you may want to think about the possibility of a birth control failure and how an unexpected pregnancy might impact you. Maybe you can think of ways that you can protect yourself and your future.

As a woman, you may want to think of ways that your partner can support your use of your method. Some men help their partner remember to take a pill, or help pay for clinic visits or supplies.

As a couple, how can you talk about your birth control method to make certain you are using it the RIGHT way ... every time you have sex?

In general, we know that in the U.S. 50% - 70% of pregnancies are unintended. How can we help make birth control easily available to you?

Based on the ECRR Intervention required components, how does the provider accomplish the following tasks? What specific questions and statements can the provider use?

Component D: Facilitate client's contingency planning regarding her use of contraception, including planning for emergency contraception.

In order to complete this component of the ECRR Intervention you need to:

• Facilitate the client's <u>contingency planning</u> regarding her use of contraception. What is her or his "back up" plan?

What might you ASK?

What method are you going to use as a "back up" plan?

What would you do if you missed your pills? ... Your condom breaks?

What will you do if you have side effects with this method?

Have you thought of using condoms as a "back up" method to add protection against STIs including HIV?

What do you know about Emergency Contraception?

Where might you go for Emergency Contraception?

What might you SAY?

Remember, some birth control methods only give you protection against pregnancy. You may want to add a "back up" method to protect against sexually transmitted infections including HIV.

Emergency Contraception is available in many different places ... let me tell you about them.

Which EC referrals are you going to give?

Your clinic and EC options.

Your local pharmacy who is a provider of ECP.

The national hotline = 1-888-NOT2LATE for their local provider.

Other states: health departments, Planned Parenthoods – In case your client is traveling or moving...

*Any other options for referrals?* 

Based on the ECRR Intervention required components, how does the provider accomplish the following tasks? What specific questions and statements can the provider use?

Component E: Schedule follow-up appointment for birth control evaluation at around three months, as appropriate for method chosen. This is an opportunity to answer questions about method use (including side effects the client experienced) and reinforce positive contraceptive and other self-protective behaviors.

In order to complete this component of the ECRR Intervention you need to:

• Reinforce positive contraceptive and other self-protective behaviors.

Possible comments you can make:

It is great to see that you are protecting yourself from getting pregnant when you don't want to be. It is not always easy.

I'm really impressed to hear that you have been able to use condoms almost every time!

What did you say to your partner that made it more successful?

How were you able to talk more easily with your partner about birth control?

[Let the client hear – in his or her own words - how they made birth control use easier.]

• Schedule a follow-up appointment, as appropriate for the chosen method and to follow any community referrals, as necessary.

Possible follow up strategies other than a clinic visit:

Telephone call
Flag chart for next visit
Home visit
What else?